

EXHIBIT 1

*The Steamship
Authority*

REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT
<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)

NAME: C. [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED] ZIP: [REDACTED] PHONE: [REDACTED]

Date of Birth: [REDACTED] Marital Status: [REDACTED] SSA Occupation: [REDACTED]

Nearest relative/relationship: (To be filled out by Passengers/Patrons only)

Name: [REDACTED] Address: [REDACTED]

INJURY INFORMATION

DATE OF INJURY: 6/29/12 TIME: [REDACTED] AM/PM

LOCATION:

VESSEL: MV EAGLE Trip # [REDACTED] Terminal: [REDACTED] Parking Lot: [REDACTED] Bus # [REDACTED]

Other: [REDACTED]

Describe how injury occurred:

While coming from the rest room vessel
no one is to board the ship and the vessel is
right hand return, two lines

Witness, if any: [REDACTED] Reported to: [REDACTED] Date: [REDACTED]

Describe injuries, if any: [REDACTED]

on the left side of the head

Was ambulance called? [REDACTED] If YES, was injured party transported to hospital? [REDACTED] If YES, hospital name & address: [REDACTED]

Did injured party make a statement as to cause of accident, if YES, what statement and to whom? [REDACTED]

CREW MEMBER/EMPLOYEE:

Did the employee return to work? [REDACTED] If YES - When [REDACTED]

Additional remarks: [REDACTED]

Injured Seaman must sign here: [REDACTED] Date: [REDACTED]

If injury was on vessel, report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: [REDACTED] Position: Capt Date: 6/29/12

ROUTING: White - Human Resources Office